

Developmental History
Kindergarten

Name _____
Address _____
Date of Birth _____
Email Address _____
City, State, Zip _____
Gender _____

Parent Information

Mother's Name _____
Address (if different) _____
Cell Number _____
Employer _____
Occupation _____
Work Number _____

Father's Name _____
Address (if different) _____
Cell Number _____
Employer _____
Occupation _____
Work Number _____

Parents Marital Status Married Divorced Single
If Divorced Who Has Custody? _____
May non -custodial parent pick up? _____

Has your child been enrolled in preschool/or extended care program before?

Language(s) spoken in the home _____

Why do you want your child to attend Family of Christ Kindergarten?

What phrases come to mind when describing your child?

Please describe your child's greatest strengths, both cognitive and social:

Does your child have any diagnosed learning disabilities? Yes___ No___

Has your child been enrolled in special education program? Yes___ No___

Please describe your child's interest, including extra-curricular activities:

Please share any major events that have occurred during your child's life that Family of Christ should be aware of (relocation, death in the family, major illness, divorce. Etc.)

When your child has difficulty what kind of discipline do you most often use?

What are your child's favorite books?

How many times a week is your child read to?_____

In most circumstances, do you consider your child easily managed, fairly easy to manage, or difficult to manage?_____

What is your church affiliation? _____

Has your child been baptized/ christened? _____

Does your child attend church/Sunday school? _____

If so where? _____

Parent Signature _____ Date _____